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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037061

1. Corporation Name

TIM'S IF	REE SERVICE, INC.				
Principal Place of Business Mailing Address					
1220 DONALD ROAD 1220 DONALD ROAD					
NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 339			917		
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					05/24/1993
Principal Place of Business 2a. Mailing Address			•		4. FEI Number Applied For
21 26					65-0417596 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired
22 27					
City & State	В	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28	C		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax
24	25		30		Personal Property Tax.
	9. Name and Address	of Current Registered Agent	81	Name	
SMITH, WILLIAM R					
8191 COLLEGE PARKWAY			82	Street /	Address (P.O. Box Number is Not Acceptable)
SUITE 300			83		
FORT MYERS FL 33919			63		
TOTA MILIOTE 33313			84	City	FL 85 Zip Code
					• - , ,
office or re	edistered agent or both in	is 607.0502 and 607.1508, Florida Statutes the State of Florida. Such change was aut the obligations of, Section 607.0505, Florida Statutes	thorized by	the corpo	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of re		<u> </u>	nt signature re	required when reinstating) DATE
12.		ICERS AND DIRECTORS	13.	—-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		
NAME	DIGENNARO, ANTIMO		1.2 NAME		
STREET ADDRESS	1220 DONALD RD	_	1.3 STREE	TADDRE\$\$	
CITY-ST-ZIP	North Fort Myers		1.4 CITY-S	T-ZIP	Change Addition
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	DIGENNARO, ALENA		2.2 NAME	1	
STREET ADDRESS	EEO OOI VIED IID		2.3 STREE	TADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS		2. 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE		Change Addition
NAME	!		4 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-21P	
TITLE	Designation of the second seco		5.1 TITLE		☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			54 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE	_	☐ Change ☐ Additio
NAME			62 NAME	ĺ	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

